



Georgia Board for Physician Workforce

State of Georgia

Dear Physician:

The Georgia Board for Physician Workforce (GBPW) is a state agency responsible for administering state funds to support medical education and is charged with addressing the physician manpower needs for Georgia. This state-funded service is provided without cost to the physician or entity seeking to hire a physician. Staff members work closely with physician and community representatives as liaisons to help physicians select a practice site to meet personal, professional and financial goals.

The Georgia Board for Physician Workforce is not a placement service. It is an agency that serves as a resource to both physicians seeking jobs and communities in need of physicians. Once you register with us, every effort is made to make basic physician information available to communities that best meet your personal, professional and financial goals. This service is provided at no cost to board certified physicians or to residents of all specialties who are in the process of completing training.

Please complete the enclosed Physician Questionnaire and return it to the GBPW office along with a current curriculum vitae. Once the information you provide is entered into our database, we will begin referring you to the areas specified on the questionnaire. Additionally, an opportunity listing for your specialty will be mailed at a later date.

Referrals made by our program are not intended as endorsements. When physician data is made available to the entity seeking a physician, a community representative will initiate contact with the physician.

Our goal is for you to be happy in the community you choose to practice in. We encourage you to visit the community, gather information and carefully consider all things that are important to you in a practice location. Good luck and much happiness in your job search! Please contact me with any questions you may have.

Sincerely,

Kim Jackson
Matching Services Coordinator

COMMUNITY AND PHYSICIAN RESOURCES

PHYSICIAN QUESTIONNAIRE

**Georgia Board for Physician Workforce
State of Georgia
1718 Peachtree St., NW
Suite 683
Atlanta, Georgia 30309-2496**

The Community and Physician Resource Division is a unit of the Georgia Board for Physician Workforce. Assistance is provided free of charge, without consideration to race, age, sex, color, religion, national origin or handicap. Referrals made are not meant as endorsements, but are for your consideration. Final approval and selection is made by the physician and the employing entity.

PLEASE FILL OUT COMPLETELY

Physician must be board certified/board eligible or in the process of fulfilling requirements of certifying board. **Please contact our office when you have found an opportunity that meets your professional needs.**

SPECIALTY: _____

DATE AVAILABLE FOR
PRACTICE: _____

SUBSPECIALTY: _____

PERSONAL

Name: _____
First Middle Last Suffix Title

Address: _____

County: _____

Phone (Day): _____ Phone (Evening): _____

Gender: Male ☐ Female ☐ Date of Birth: _____

Social Security # (Optional): _____ E-mail: _____

U.S. Citizen? Yes ☐ No ☐ If no, visa status: _____

Your hobbies: _____

Your hometown: _____

Marital Status: Married ☐ Single ☐ Divorced ☐

Do you have any children: Yes ☐ No ☐ If yes, how many? _____

Spouse's Name: _____

Spouse's Hometown: _____

Spouse's Occupation: _____

Medical Licensure/Certification:

Are you licensed to practice medicine in the State of Georgia? Yes ☐ No ☐

License #: _____

The best time and place to reach me to discuss job opportunities is/are:

Are you licensed to practice medicine in any other state? Yes ☐ No ☐

If yes, what state(s): _____

Are there any restrictions on your license? Yes ☐ No ☐

If yes, please explain:

Are you board certified? Yes ☐ No ☐ Date last certified: _____

Certifying Board: _____

Are you in the process of completing board certifying requirements? Yes ☐ No ☐

If yes, when will you meet board certification requirement? _____

Do you have any type of obligation upon completion of training (i.e. SMEB Scholarship, military obligations)? Yes ☐ No ☐ If yes, please specify: _____

Education:

Undergraduate School: _____

Location: _____ Graduation Date: _____

Medical School: _____

Location: _____ Graduation Date: _____

Degree Received: M.D. ☐ D.O. ☐ Honors: _____

Post Graduate: (If you completed a transitional year, please list. Otherwise, skip to B)

A. Transitional: _____

Location: _____ Graduation Date: _____

Honors: _____

B. Residency: _____

Location: _____ Graduation Date: _____

Specialty: _____

C. If you completed more than one residency or transferred from one residency program to another, please attach an additional page outlining your training.

Current Status (Please check appropriate box):

Resident ☐ Fellow ☐ Military ☐ Private Practice ☐

Other ☐ (Please explain): _____

Please provide us with information on where you would prefer practicing and the type of practice you are seeking.

Preferred Practice Setting: (Please mark all that apply)

No preference ☐

Private Practice

Single Specialty Group ☐

Multi-Specialty Group ☐

Solo ☐

Solo with backup ☐

Public Health ☐

Emergency Room ☐

Academic ☐

Hospitalist ☐

Ambulatory Care ☐

Other ☐

(Please specify): _____

Preferred Population: (Please mark all that apply)

Less than 2,500 ☐

2,500 to 10,000 ☐

10,000 to 25,000 ☐

25,000 to 100,000 ☐

100,000 to 500,000 ☐

More than 500,000 ☐

SMEB Standards ☐

Preferred Practice Location: (Please mark all that apply)

Metro Atlanta ☐

North Georgia ☐

Central Georgia ☐

South Georgia ☐

Coastal Georgia ☐

Do you have medical school loans to repay? Yes ☐ No ☐

AGREEMENT

Please read the following statement carefully and sign.

I hold the degree of Doctor of Medicine, Bachelor of Medicine or Doctor of Osteopathy, or an equivalent degree. I represent that the statements made herein are correct to the best of my knowledge and belief. I authorize the Georgia Board for Physician Workforce to maintain a record of this information, and to distribute it to appropriate persons seeking physicians for employment. I understand that any referral by the Georgia Board for Physician Workforce is not to be interpreted as an endorsement. I further understand it is my responsibility to evaluate the credentials and references of the hiring physician/opportunity.

Signed: _____ Date: _____

RETURN TO:
The Georgia Board for Physician Workforce
1718 Peachtree St., NW, Suite 683
Atlanta, Georgia 30309-2496

Phone: (404) 206-5420

FAX: (404) 206-5428